	Best Availal	ble Copy		NSMITTAL	,	$\hat{}$	
Complete and mail this form, to		fees, to: Box I	SSUE FEE	ssioner to		lala	100
254 .			ington, D.C.		s O		100
				•		56	
MAILING INSTRUCTIONS: This for	m should be used for tra	nsmitting the ISSUE	FEE. Blocks	s 1 Note: The certif	ficate of molli	ing below one and	
through 4 should be completed where Receipt, the Patent, advance orders a	and notification of mainten:	ance fees will be mai	iled to the curre	nallings of the	ssue ree i m	memittal This cor	be used for domes
correspondence address as indicated specifying a new correspondence ad	l unless corrected below o	or directed otherwise	in Block 1 by	(3)	ormal drawing	apers. Each addit J, must have its ow	ional paper, such as in certificate of mailir
maintenance fee notifications.				- لــــ		icate of Mailing	
CURRENT CORRESPONDENCE ADDRESS ((Note: Legipty mark-up with any (corrections or use Block	Mariam Divi	Sivi the United State	es Postal Sen	vice with sufficient	s being deposited w postage for first cla
ROBERT J. S	SCHAAP	/ '	•	mail in an envel 7 ^{the} date indicat	ope addresse ed below.	d to the Box Issue	Fee address above
	URA BOULEVARI	D \ D	EC 1819	331			•
SUITE 188	ILLS CA 9136	4 2 1 2	/ 00	1 Guna	A DA	VALA	
WOODEHND H.	IFFO CH 3130	4-210	/ 08	J.O.		£ ()	(Depositor's n
				- W			(Signature)
APPLICATION NO.	FILING DATE	TOTAL OLAIMS	· · · · · · · · · · · · · · · · · · ·	EXAMINER AND	GROUP AR	TIMIT	(Date)
08/614,212	03/12/96	022	PATEL.		CHOOL ALL	2215	DATE MAILE 09/24
			, , , , , , , , , , , , , , , , , , , ,				. 0371.
First Named CORRADO,		PAUL	- A.				12/2/10
ITLEOF SPARK PILIG L	WITH 360 DEGR	REE EIRING	TIP	·		 	12/24/व
VENTION		1 111110		-			
			N.				
			× .				•
ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN, TYPE	SMALL ENT	TTV F	FEE DUE	DATE DUE
			ALLUN, TIPE	- SWALL ENT		LE DUE	DATE DOE
2	313-138	3.000 S1				\$645.00	12/24/
AND STREET STREE	The second secon	······································	6 UT	ILITY '	/ES		
and the former and some of the first the state of the sta	or indication of "Fee Address	** (37 CFR 1 363)	2. For printing (1) the names	ILITY g on the patent front p s of up to 3 registere	/ES :	\$645.00	
Change of correspondence address of Use of PTO form(s) and Customer Nu Change of correspondence address	or indication of "Fee Address umber are recommended, but	s" (37 CFR 1.363). ut not required.	2. For printing (1) the names attorneys or the name of	g on the patent front p s of up to 3 registere agents OR, alternati a single firm (havi	Age, list d patent 1. vely, (2) no as a	\$645.00	12/24/
1. Change of correspondence address of Use of PTO form(s) and Customer Nu Change of correspondence address PTO/SB/122) attached.	or indication of "Fee Address imber are recommended, but is (or Change of Correspond	is" (37 CFR 1.363). ut not required.	2. For printing (1) the names attorneys or the name or member a reand the name	g on the patent front ps of up to 3 registere agents OR, alternating a single firm (having egistered attorney on se of up to 2 registere	Age, list d patent 1 vely, (2) ng as a ragent) 2 d oatent	\$645.00	12/24/
Change of correspondence address of Use of PTO form(s) and Customer Nu Change of correspondence address	or indication of "Fee Address imber are recommended, but is (or Change of Correspond	is" (37 CFR 1.363). ut not required.	2. For printing (1) the names attorneys or the name or member a reand the name	g on the patent front ps of up to 3 registere agents OR, alternating a single firm (having egistered attorney on the state of up to 2 registere agents. If no name is li	Age, list d patent 1 vely, (2) ng as a ragent) 2 d oatent	\$645.00	12/24/
1. Change of correspondence address of Use of PTO form(s) and Customer Nu Change of correspondence address PTO/SB/122) attached. □ "Fee Address" indication (or "Fee Address")	or indication of "Fee Address imber are recommended, but is (or Change of Correspond Address" Indication form PT(is" (37 CFR 1.363). ut not required. dence Address form O/SB/47) attached.	2. For printing (1) the name attorneys or the name of member a read the name attorneys or an ame will be p	g on the patent front p s of up to 3 registere agents OR, alternati a single firm (havi egistered attorney or as of up to 2 registere agents. If no name is il printed.	Age, list d patent vely, (2) ng as a r agent) 2 d patent sted, no	\$645.00	12/24/
1. Change of correspondence address of Use of PTO form(s) and Customer Nu Change of correspondence address PTO/SB/122) attached. □ "Fee Address" indication (or	or indication of "Fee Address imber are recommended, but it is (or Change of Corresponded Address" Indication form PTC	ss" (37 CFR 1.363). ut not required. dence Address form O/SB/47) attached.	2. For printing (1) the names attorneys or the name of member a read the name attorneys or a name will be provided to r type)	g on the patent front ps of up to 3 registere agents OR, alternating a single firm (having egistered attorney on the state of up to 2 registere agents. If no name is li	age, list d patent 1 vely, (2) ng as a r agent) 2 d patent sted, no 3	\$645.00	12/24/
1. Change of correspondence address of Use of PTO form(s) and Customer Number of Change of correspondence address PTO/SB/122) attached. 1. Change of correspondence address PTO/SB/122) attached. 2. The Address Indication (or "Fee Address Indication (or "Fee Address Indication (or "Fee Address Indication of assignee data is only app the PTO or is being submitted under the PTO or is submitted under the PTO or is submitted	or indication of "Fee Address imber are recommended, but is (or Change of Corresponded Address" Indication form PTO E DATA TO BE PRINTED O is identified below, no assignment or propiate when an assignment.	ss" (37 CFR 1.363). ut not required. dence Address form O/SB/47) attached.	2. For printing (1) the names attorneys or a member a read the name attorneys or a name will be a tor type) on the patent.	g on the patent front ps of up to 3 registere agents OR, alternating a single firm (having egistered attorney on es of up to 2 registere agents. If no name is liprinted. 4a. The following fee of Patents and T	age, list d patent 1. vely, (2) ng as a ragent) 2 d patent sted, no 3. as are enclose rademarks):	#645.00 ROB En	12/24/
1. Change of correspondence address of Use of PTO form(s) and Customer Nu Change of correspondence address PTO/SB/122) attached. 3. ASSIGNEE NAME AND RESIDENCE PLEASE NOTE: Unless an assignee Inclusion of assignee data is only appreciated.	or indication of "Fee Address imber are recommended, but is (or Change of Corresponded Address" Indication form PTO E DATA TO BE PRINTED O is identified below, no assignment or propiate when an assignment.	ss" (37 CFR 1.363). ut not required. dence Address form O/SB/47) attached.	2. For printing (1) the names attorneys or a member a read the name attorneys or a name will be a tor type) on the patent.	g on the patent front ps of up to 3 registere agents OR, alternating a single firm (having egistered attorney on the state of the printed. 4a. The following fee of Patents and T	age, list d patent 1. vely, (2) ng as a ragent) 2 d patent sted, no 3. as are enclose rademarks):	#645.00 ROB En	12/24/
1. Change of correspondence address of Use of PTO form(s) and Customer Number of Change of correspondence address PTO/SB/122) attached. 1. "Fee Address" indication (or "Fee Address" indica	or indication of "Fee Address imber are recommended, but is (or Change of Corresponded Address" Indication form PTO E DATA TO BE PRINTED O Is identified below, no assignment of the propiate when an assignment separate cover. Completion	ss" (37 CFR 1.363). ut not required. dence Address form O/SB/47) attached.	2. For printing (1) the names attorneys or a member a read the name attorneys or a name will be a tor type) on the patent.	g on the patent front ps of up to 3 registere agents OR, alternating a single firm (having egistered attorney or so of up to 2 registere agents. If no name is liprinted. 4a. The following fee of Patents and T Susue Fee Madvance Order	age, list d patent 1 vely, (2) ng as a r agent) 2 d patent sted, no 3 are enclose rademarks):	#645.00 ROB E1	12/24
1. Change of correspondence address of Use of PTO form(s) and Customer Number of Change of correspondence address PTO/SB/122) attached. 1. "Fee Address" Indication (or "Fee Address" Indica	or indication of "Fee Address Imber are recommended, but it is sometimes of Corresponded Address" Indication form PTO E DATA TO BE PRINTED Of its Identified below, no assignment is identified below, no assignment is identified below. Completion is COUNTRY)	is" (37 CFR 1.363). ut not required. dence Address form O/SB/47) attached. N THE PATENT (printing de data will appear on thas been previously n of this form is NOT a	2. For printing (1) the names attorneys or the name of member a reand the name attorneys or a name will be on the patent.	g on the patent front ps of up to 3 registere agents OR, alternating a single firm (having egistered attorney or so of up to 2 registere agents. If no name is lightered. 4a. The following fee of Patents and T Susue Fee Madvance Order	age, list d patent 1 vely, (2) ng as a r agent) 2 d patent sted, no 3 es are enclose rademarks): er - # of Copie	#645.00 ROB E1 ed (make check pa	12/24
1. Change of correspondence address of Use of PTO form(s) and Customer Null Change of correspondence address PTO/SB/122) attached. 3. ASSIGNEE NAME AND RESIDENCE PLEASE NOTE: Unless an assignee Inclusion of assignee data is only app the PTO or is being submitted under filling an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY & STATE OF Please check the appropriate assignee	or indication of "Fee Address imber are recommended, but it is (or Change of Corresponded Address" Indication form PTC E DATA TO BE PRINTED Of its identified below, no assignment is identified below, no assignment is identified below. Completion is a COUNTRY)	ss" (37 CFR 1.363). ut not required. dence Address form O/SB/47) attached. NY THE PATENT (printing data will appear on the has been previously nof this form is NOT a	2. For printing (1) the names attorneys or the name of member a reand the name attorneys or a name will be on the patent.	g on the patent front ps of up to 3 registere agents OR, alternating a single firm (having egistered attorney or so of up to 2 registere agents. If no name is liprinted. 4a. The following fee of Patents and The same of Pa	age, list d patent vely, (2) ng as a r agent) g d patent sted, no 3 as are enclose rademarks): er - # of Copie as or deficience bunt numbe extra Copy	ed (make check pages of this FORM)	12/24
1. Change of correspondence address of Use of PTO form(s) and Customer No. Change of correspondence address PTO/SB/122) attached. "Fee Address" indication (or	or indication of "Fee Address Imber are recommended, but it is (or Change of Corresponded Address" Indication form PTC EDATA TO BE PRINTED Of its identified below, no assignment is identified below, no assignment is identified below. Completion is a COUNTRY) The Country is a contracted below (other private group entity)	is" (37 CFR 1.363). ut not required. dence Address form O/SB/47) attached. IN THE PATENT (print) printed data will appear on thas been previously n of this form is NOT at a government.	2. For printing (1) the names attorneys or the name of member a reand the name attorneys or a name will be on the patent. It is submitted to a substitue for	g on the patent front ps of up to 3 registere agents OR, alternating a single firm (having egistered attorney or so of up to 2 registere agents. If no name is liprinted. 4a. The following fee of Patents and The subsection of Patents and The subs	age, list d patent 1 rely, (2) ng as a r agent) 2 d patent sted, no 3 as are enclose rademarks): er - # of Copie extra COPY er - # of Copie	ed (make check pages of this FORM)	12/24
1. Change of correspondence address of Use of PTO form(s) and Customer Not Use of PTO/SB/122) attached. 3. ASSIGNEE NAME AND RESIDENCE PLEASE NOTE: Unless an assignee Inclusion of assignee data is only apprinte PTO or is being submitted under filling an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY & STATE OF Please check the appropriate assigned individual Corporation or Commissioner OF PATENTS AN	or indication of "Fee Address Imber are recommended, but it is (or Change of Corresponded Address" Indication form PTC EDATA TO BE PRINTED Of its identified below, no assignment is identified below, no assignment is identified below. Completion is a COUNTRY) The Country is a contracted below (other private group entity)	ss" (37 CFR 1.363). ut not required. dence Address form O/SB/47) attached. NN THE PATENT (printing data will appear on the steen previously nof this form is NOT a decided by the steen of the steen previously not the steen previously not the steen previously not this form is NOT a decided by the steen previously not this form is NOT a decided by the steen previously not this form is NOT a decided by the steen previously not the steen previous	2. For printing (1) the names attorneys or the name of member a reand the name attorneys or a name will be on the patent. It is submitted to a substitue for	g on the patent front ps of up to 3 registere agents OR, alternating a single firm (having egistered attorney or so of up to 2 registere agents. If no name is liprinted. 4a. The following fee of Patents and The subsection of Patents and The subs	age, list d patent 1 rely, (2) ng as a r agent) 2 d patent sted, no 3 as are enclose rademarks): er - # of Copie extra COPY er - # of Copie	ed (make check pages of this FORM)	12/24
1. Change of correspondence address of Use of PTO form(s) and Customer Null Change of correspondence address PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" indication (or indication of "Fee Address Imber are recommended, but it is (or Change of Corresponded Address" Indication form PTC Is Identified below, no assignment is identified below, no assignment is identified below. Completion is COUNTRY) The COUNTRY is category indicated below (other private group entity). The TRADEMARKS IS requested.	ss" (37 CFR 1.363). ut not required. dence Address form O/SB/47) attached. NO THE PATENT (printing the data will appear of the seen previously nof this form is NOT at a government (will not be printed on government sted to apply the Issue (Date)	2. For printing (1) the names attorneys or the name of member a reand the name attorneys or a name will be in the patent. It is submitted to a substitute for the patent.	g on the patent front ps of up to 3 registere agents OR, alternating a single firm (having egistered attorney or so of up to 2 registere agents. If no name is liprinted. 4a. The following fee of Patents and The subsection of Patents and The subs	age, list d patent 1 rely, (2) ng as a r agent) 2 d patent sted, no 3 as are enclose rademarks): er - # of Copie extra COPY er - # of Copie	ed (make check pages of this FORM)	12/24
1. Change of correspondence address of Use of PTO form(s) and Customer Nu Use of PTO/SB/122) attached. 3. ASSIGNEE NAME AND RESIDENCE PLEASE NOTE: Unless an assignee Inclusion of assignee data is only app the PTO or is being submitted under filling an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY & STATE OF Please check the appropriate assigned individual corporation or of the COMMISSIONER OF PATENTS AN (Authorized Signature) NOTE; The Issue Fee will not be accepted.	or indication of "Fee Address Imber are recommended, but it is (or Change of Corresponded Address" Indication form PTO Address" Indication form PTO Is identified below, no assignment is identified below, no assignment is identified below, no assignment is identified below. Completion is identified below. Completion is identified below. Country) The category indicated below (other private group entity) The TRADEMARKS IS requested from anyone other than the	s' (37 CFR 1.363). ut not required. dence Address form O/SB/47) attached. NTHE PATENT (print gnee data will appear of thas been previously n of this form is NOT a (will not be printed on government sted to apply the Issue (Date)	2. For printing (1) the names attorneys or the name of member a reand the name attorneys or a name will be in the patent. It is substitute for the patent. It is substitute for the patent. It is patent to the pate	g on the patent front ps of up to 3 registere agents OR, alternating a single firm (having egistered attorney or so of up to 2 registere agents. If no name is liprinted. 4a. The following fee of Patents and The subsection of Patents and The subs	age, list d patent 1 rely, (2) ng as a r agent) 2 d patent sted, no 3 as are enclose rademarks): er - # of Copie extra COPY er - # of Copie	ed (make check pages of this FORM)	12/24
1. Change of correspondence address of Use of PTO form(s) and Customer Nu Use of PTO form(s) and Customer Nu Use of PTO form(s) and Customer Nu Use of PTO/SB/122) attached. 3. ASSIGNEE NAME AND RESIDENCE PLEASE NOTE: Unless an assignee Inclusion of assignee data is only app the PTO or is being submitted under filling an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY & STATE OF Please check the appropriate assigned individual corporation or of Commissioner of Patents and Cauthorized Signature) NOTE: The Issue Fee will not be accepted or agent; or the assignee or other party in Trademark Office.	or indication of "Fee Address Imber are recommended, but it is (or Change of Corresponded Address" Indication form PTC Is Identified below, no assignment is identified below, no assignment is country) The COUNTRY) The category indicated below (other private group entity) The TRADEMARKS IS requested from anyone other than the interest as shown by the resulting i	ss" (37 CFR 1.363). ut not required. dence Address form O/SB/47) attached. IN THE PATENT (print) printed data will appear of the seen previously nof this form is NOT at government (will not be printed on government sted to apply the Issue (Date)	2. For printing (1) the names attorneys or the name of member a reand the name attorneys or a name will be attorneys or an attorneys or an attorneys or a name will be attorneys or an attorneys or a name will be attorneys or an attorneys or a name will be	g on the patent front ps of up to 3 registere agents OR, alternating a single firm (having egistered attorney or so of up to 2 registere agents. If no name is liprinted. 4a. The following fee of Patents and The subsection of Patents and The subs	age, list d patent 1 rely, (2) ng as a r agent) 2 d patent sted, no 3 as are enclose rademarks): er - # of Copie extra COPY er - # of Copie	ed (make check pages of this FORM)	12/24
1. Change of correspondence address of Use of PTO form(s) and Customer Nu Use of PTO/SB/122) attached. 3. ASSIGNEE NAME AND RESIDENCE PLEASE NOTE: Unless an assignee Inclusion of assignee data is only apprinte PTO or is being submitted under filling an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY & STATE OF Please check the appropriate assigned individual corporation or of Commissioner OF PATENTS AN (Authoritied Signature) NOTE: The Issue Fee will not be accepted or agent, or the assignee or other party in Trademark Office. Burden Hour Statement: This form is depending on the needs of the individid depending on the needs of the individual dependence.	or indication of "Fee Address Imber are recommended, but it is sometimes of Corresponded Address" Indication form PTO Address Indication form PTO Is identified below, no assignment is identified below. Completion is identified below (account in its identified below) in the private group entity. In TRADEMARKS IS requested from anyone other than the interest as shown by the resistance of the interest as shown by the interest as	ss' (37 CFR 1.363). ut not required. dence Address form O/SB/47) attached. NTHE PATENT (print gnee data will appear on thas been previously n of this form is NOT a (will not be printed on government sted to apply the Issue (Date) (22-7) the applicant; a register ecords of the Patent au urs to complete. Tim	2. For printing (1) the names attorneys or the name of member a reand the name attorneys or a name will be on the patent. It is substitute for the patent of a substitute for the patent of the patent o	g on the patent front ps of up to 3 registere agents OR, alternating a single firm (having egistered attorney or so of up to 2 registere agents. If no name is liprinted. 4a. The following fee of Patents and The subsection of Patents and The subs	age, list d patent 1 rely, (2) ng as a r agent) 2 d patent sted, no 3 as are enclose rademarks): er - # of Copie extra COPY er - # of Copie	ed (make check pages of this FORM)	12/24
1. Change of correspondence address of Use of PTO form(s) and Customer No. Change of correspondence address PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" indication of assignee data is only apprint PTO or is being submitted under filling an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY & STATE OF Please check the appropriate assignee individual	or indication of "Fee Address Imber are recommended, but it is (or Change of Corresponded Address" Indication form PTO Is identified below, no assignment is identified below, no assignment is identified below. Completion in the category indicated below. It is interest as shown by the respective in interest as shown by the respective in interest as shown by the respective	is" (37 CFR 1.363). ut not required. dence Address form O/SB/47) attached. IN THE PATENT (printing a previously in of this form is NOT a government sted to apply the Issue (Date) (Coate)	2. For printing (1) the names attorneys or the name of member a reand the name attorneys or a name will be on the patent. It is submitted to a substitute for the patent. It is submitted to a substitute for the patent. It is submitted to a substitute for the patent. It is submitted to a substitute for the patent. It is submitted to a substitute for the patent.	g on the patent front ps of up to 3 registere agents OR, alternating a single firm (having egistered attorney or so of up to 2 registere agents. If no name is liprinted. 4a. The following fee of Patents and The subsection of Patents and The subs	age, list d patent 1 rely, (2) ng as a r agent) 2 d patent sted, no 3 as are enclose rademarks): er - # of Copie extra COPY er - # of Copie	ed (make check pages of this FORM)	12/24
1. Change of correspondence address of Use of PTO form(s) and Customer No. Change of correspondence address PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" indication	or indication of "Fee Address Imber are recommended, but it is (or Change of Corresponded Address" Indication form PTO Is identified below, no assignment is identified below. Completion is identified below (other private group entity) in the private group entity. In TRADEMARKS IS requested from anyone other than the interest as shown by the respective of the Chief Information (NOT SEND FEES OR CC NOT SEND FE	ss' (37 CFR 1.363). ut not required. dence Address form O/SB/47) attached. IN THE PATENT (print print data will appear on thas been previously n of this form is NOT a (will not be printed on government sted to apply the Issue (Date) (27) The applicant, a register ecords of the Patent au urs to complete. Tim on the amount of tim Officer, Patent and The Complete of the Patent and The Complete of th	2. For printing (1) the names attorneys or a name will be a substitute for the patent. It is submitted to a substitute for the patent. It is submitted to a substitute for the patent. It is submitted to a substitute for the patent. It is submitted to a substitute for the patent. It is submitted to a substitute for the patent. It is submitted to a substitute for the patent. It is submitted to a substitute for the patent. It is submitted to a substitute for the patent. It is submitted to a substitute for the patent. It is submitted to a substitute for the patent. It is submitted to a substitute for the patent. It is submitted to a substitute for the patent. It is submitted to a submitted to	g on the patent front ps of up to 3 registere agents OR, alternating a single firm (having egistered attorney or so of up to 2 registere agents. If no name is liprinted. 4a. The following fee of Patents and The subsection of Patents and The subs	age, list d patent 1 rely, (2) ng as a r agent) 2 d patent sted, no 3 as are enclose rademarks): er - # of Copie extra COPY er - # of Copie	ed (make check pages of this FORM)	12/24
1. Change of correspondence address of Use of PTO form(s) and Customer Null Use of PTO form(s) and Customer Null Use of PTO form(s) and Customer Null Use of PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" indication of assignee data is only apprinted to provide the PTO or is being submitted under filling an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY & STATE OF Please check the appropriate assignee individual corporation or of the COMMISSIONER OF PATENTS AN (Authorized Signature) NOTE; The Issue fee will not be accepted or agent; or the assignee or other party in Trademark Office. Burden Hour Statement: This form is depending on the needs of the individuat to complete this form should be sent Office, Washington, D.C. 20231. DO (ADDRESS). SEND FEES AND THIS Patents, Washington D.C. 20231	or indication of "Fee Address Imber are recommended, but it is (or Change of Corresponded). So (or Change of Corresponded) is (or Change of Corresponded) is identified below, no assignment is identified below. Completion is identified below (or completion in the category indicated below (or category indicated below	s' (37 CFR 1.363). ut not required. dence Address form O/SB/47) attached. IN THE PATENT (print gnee data will appear of thas been previously n of this form is NOT a (will not be printed on government sted to apply the Issue (Date) (2 - 7) the applicant; a register scords of the Patent au urs to complete. Tim on the amount of tim Officer, Patent and 1 OMPLETED FORMS ie, Assistant Commis	2. For printing (1) the names attorneys or the name of member a re and the name attorneys or a name will be in the patent. It is substitute for the patent. It is substitute for the patent. It is the patent to a substitute for the patent. It is the patent the paten	g on the patent front ps of up to 3 registere agents OR, alternating a single firm (having egistered attorney or so of up to 2 registere agents. If no name is liprinted. 4a. The following fee of Patents and The subsection of Patents and The subs	age, list d patent 1 rely, (2) ng as a r agent) 2 d patent sted, no 3 as are enclose rademarks): er - # of Copie extra COPY er - # of Copie	ed (make check pages of this FORM)	12/24
1. Change of correspondence address of Use of PTO form(s) and Customer Null Use of PTO/SB/122) attached. 3. ASSIGNEE NAME AND RESIDENCE PLEASE NOTE: Unless an assignee Inclusion of assignee data is only apprinted PTO or is being submitted under filling an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY & STATE OF Please check the appropriate assignee Individual Corporation or of Commissioner Of Patents And (Authorities Signature) NOTE: The Issue Fee will not be accepted or agent, or the assignee or other party in Trademark Office. Burden Hour Statement: This form is depending on the needs of the individit to complete this form should be sent Office, Washington, D.C. 20231. DO In ADDRESS. SEND FEES AND THIS Patents, Washington D.C. 20231	and the private group entity ID TRADEMARKS IS requested from anyone other than the interest as shown by the restriction of the Chief Information (NOT SEND FEES OR COFORM TO: Box Issue Feed 1995, no persons are regulated to the Chief Information (NOT SEND FEES OR COFORM TO: Box Issue Feed 1995, no persons are regulated to the Chief Information (NOT SEND FEES OR COFORM TO: Box Issue Feed 1995, no persons are regulated to the Chief Information (NOT SEND FEES OR COFORM TO: Box Issue Feed 1995, no persons are regulated to the Chief Information (NOT SEND FEES OR COFORM TO: Box Issue Feed 1995, no persons are regulated to the Chief Information (NOT SEND FEES OR COFORM TO: Box Issue Feed 1995, no persons are regulated to the Chief Information (NOT SEND FEES OR COFORM TO: Box Issue Feed 1995, no persons are regulated to the Chief Information (NOT SEND FEES OR COFORM TO: Box Issue Feed 1995, no persons are regulated to the Chief Information (NOT SEND FEES OR COFORM TO: Box Issue Feed 1995, no persons are regulated to the Chief Information (NOT SEND FEES OR COFORM TO: Box Issue Feed 1995, no persons are regulated to the Chief Information (NOT SEND FEES OR COFORM TO: Box Issue Feed 1995, no persons are regulated to the Chief Information (NOT SEND FEES OR COFORM TO: Box Issue Feed 1995, no persons are regulated to the Chief Information (NOT SEND FEES OR COFORM TO: Box Issue Feed 1995, no persons are regulated to the Chief Information (NOT SEND FEES OR COFORM TO: Box Issue Feed 1995, no persons are regulated to the Chief Information (NOT SEND FEES OR COFORM TO: Box Issue Feed 1995, no persons are regulated to the Chief Information (NOT SEND FEES OR COFORM TO: Box Issue Feed 1995, no persons are regulated to the Chief Information (NOT SEND FEES OR COFORM TO: Box Issue Feed 1995, no persons are regulated to the Chief Information (NOT SEND FEES OR COFORM TO: Box Issue Feed 1995, no persons are regulated to the Chief Information (NOT SEND FEED IN TO: Box Issue Feed 1995, no persons are regulated to the Chief Information (NOT SE	s' (37 CFR 1.363). ut not required. dence Address form O/SB/47) attached. IN THE PATENT (print gnee data will appear of thas been previously n of this form is NOT a (will not be printed on government sted to apply the Issue (Date) (2 - 7) the applicant; a register scords of the Patent au urs to complete. Tim on the amount of tim Officer, Patent and 1 OMPLETED FORMS ie, Assistant Commis	2. For printing (1) the names attorneys or the name of member a re and the name attorneys or a name will be in the patent. It is substitute for the patent. It is substitute for the patent. It is the patent to a substitute for the patent. It is the patent the paten	g on the patent front ps of up to 3 registere agents OR, alternating a single firm (having egistered attorney or so of up to 2 registere agents. If no name is liprinted. 4a. The following fee of Patents and The subsection of Patents and The subs	age, list d patent 1 rely, (2) ng as a r agent) 2 d patent sted, no 3 as are enclose rademarks): er - # of Copie extra COPY er - # of Copie	ed (make check pages of these fees short of this FORM)	12/24
1. Change of correspondence address of Use of PTO form(s) and Customer No. Change of correspondence address PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" indication of assignee data is only apprint by PTO or is being submitted under filling an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY & STATE OF Please check the appropriate assignee individual corporation or of the COMMISSIONER OF PATENTS AN (Authorized Signature) NOTE: The Issue fee will not be accepted or agent; or the assignee or other party in trademark Office. Burden Hour Statement: This form is depending on the needs of the individite complete this form should be sent Office, Washington, D.C. 20231. DO (ADDRESS). SEND FEES AND THIS Patents, Washington D.C. 20231	and the private group entity ID TRADEMARKS IS requested from anyone other than the interest as shown by the restriction of the Chief Information (NOT SEND FEES OR COFORM TO: Box Issue Feed 1995, no persons are regulated to the Chief Information (NOT SEND FEES OR COFORM TO: Box Issue Feed 1995, no persons are regulated to the Chief Information (NOT SEND FEES OR COFORM TO: Box Issue Feed 1995, no persons are regulated to the Chief Information (NOT SEND FEES OR COFORM TO: Box Issue Feed 1995, no persons are regulated to the Chief Information (NOT SEND FEES OR COFORM TO: Box Issue Feed 1995, no persons are regulated to the Chief Information (NOT SEND FEES OR COFORM TO: Box Issue Feed 1995, no persons are regulated to the Chief Information (NOT SEND FEES OR COFORM TO: Box Issue Feed 1995, no persons are regulated to the Chief Information (NOT SEND FEES OR COFORM TO: Box Issue Feed 1995, no persons are regulated to the Chief Information (NOT SEND FEES OR COFORM TO: Box Issue Feed 1995, no persons are regulated to the Chief Information (NOT SEND FEES OR COFORM TO: Box Issue Feed 1995, no persons are regulated to the Chief Information (NOT SEND FEES OR COFORM TO: Box Issue Feed 1995, no persons are regulated to the Chief Information (NOT SEND FEES OR COFORM TO: Box Issue Feed 1995, no persons are regulated to the Chief Information (NOT SEND FEES OR COFORM TO: Box Issue Feed 1995, no persons are regulated to the Chief Information (NOT SEND FEES OR COFORM TO: Box Issue Feed 1995, no persons are regulated to the Chief Information (NOT SEND FEES OR COFORM TO: Box Issue Feed 1995, no persons are regulated to the Chief Information (NOT SEND FEES OR COFORM TO: Box Issue Feed 1995, no persons are regulated to the Chief Information (NOT SEND FEES OR COFORM TO: Box Issue Feed 1995, no persons are regulated to the Chief Information (NOT SEND FEES OR COFORM TO: Box Issue Feed 1995, no persons are regulated to the Chief Information (NOT SEND FEED IN TO: Box Issue Feed 1995, no persons are regulated to the Chief Information (NOT SE	s' (37 CFR 1.363). ut not required. dence Address form O/SB/47) attached. IN THE PATENT (print gnee data will appear of thas been previously n of this form is NOT a (will not be printed on government sted to apply the Issue (Date) (2 - 7) the applicant; a register scords of the Patent au urs to complete. Tim on the amount of tim Officer, Patent and 1 OMPLETED FORMS ie, Assistant Commis	2. For printing (1) the names attorneys or the name of member a re and the name attorneys or a name will be in the patent. It is substitute for the patent. It is substitute for the patent. It is the patent to a substitute for the patent. It is the patent the paten	g on the patent front ps of up to 3 registere agents OR, alternating a single firm (having egistered attorney or so of up to 2 registere agents. If no name is liprinted. 4a. The following fee of Patents and The subsection of Patents and The subs	age, list d patent 1 rely, (2) ng as a r agent) 2 d patent sted, no 3 as are enclose rademarks): er - # of Copie extra COPY er - # of Copie	ed (make check pages of these fees short of this FORM)	12/24